2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P99000059260

DOCUMENT # 1. Entity Name

POWER BOAT TELEVISION, INC.



FILED Mar 24, 2003 8:00 am § Secretary of State

03-24-2003 90201 032 ***150.00

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Principal Place of Business 7396 BECKLEY STREET PORT CHARLOTTE FL 33981			7396	Mailing Address 7396 BECKLEY STREET PORT CHARLOTTE FL 33981				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	HANU ANTI ÂN	erin del	7700 11 11 11 11 11 11 11 11 11 11 11 11 11	· <u>,</u>	1011 FO 12 (118)
2. Principal	Place of Busin	ess	3. Ma	illing Address	, y, - - t		-						
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.					GK-HERE-	IF MAKIN	IGTGHAN	CES-	· -	
City & State		City	City & State			4. FEII	Number	998703		- F	Ap	olied For	
Zip		Country	Zip	<u>,</u>	Countr	ry	5. Cert	tificate of Status	Desired		\$8.75 Fee Re	Add	
· · · · · · · · · · · · · · · · · · ·	6. Name	and Address of Curre	nt Registere	ed Agent	 		7. Nam	ne and Address	s of New R	enisteren		quirec	
		·				Name	7. (40)	to dila Addies.	or recti	egiatei ec	Agent		
NRAI SERVICES, INC. 526 E. PARK AVE.							(P.O. Box N	Number is Not	Acceptable)			
	SSEE FL 32	301			ŕ					•			
				A-1 %		City				F	Zip	Code	
8. The above the obliga	e named entity ations of registe	submits this statement ered agent.	for the purp	pose of changing its	s registered	d office or register	red agent,	or both, in the	State of Flo			with, a	nd accept
SIGNATURE				<u> </u>									
	Signature typed	or printed name of registered age	ent and title if and										
	Oignature, types t	- printed that to or logistic test age	- K dild illio ii app	olicable. (NOT	TE: Registered /	Agent signature required	d when reinstat	ting)		DATE			
Afte	ILE NOW!!!	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department	0	olicable. (NOT	TE: Registered	Agent signature required		9. Efection Car Trust Fund (. •	ancing-	□ \$	5.00 dded 1	May Be to Fees
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

-989-0948